

PTO/SB/21 (01-08)

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## Application Number 10/808,052-Conf. #4208 **TRANSMITTAL** Filing Date March 24, 2004 First Named Inventor **FORM** Richard S. Blumberg Art Unit 1654 Examiner Name A. D. Kosar (to be used for all correspondence after initial filing) Attorney Docket Number B0801.70353US01 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)								
X Fee Transi	nittal Form	Drawing(s)		After Allowance Communication to TC				
x Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences				
X Amendmen	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After	Final	Petition to Convert to a Provisional Application		Proprietary Information				
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence A		Status Letter				
X Extension of Time Request		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):				
Express Al	bandonment Request	Request for Refund		Return Receipt Postcard				
Information Disclosure Statement		CD, Number of CD(s)						
Certified Copy of Priority Document(s)		Landscape Table on C						
Reply to Missing Parts/ Incomplete Application		Remarks						
Reply to Missing Parts under 37 CFR 1.52 or 1.53								
	SIGNATI	JRE OF APPLICANT, ATTOR	NEY, OR A	GENT				
Firm Name WOLF, GREENFIEL		.D & SACKS, P.C.						
Signature	Signature							
Printed name	Roque El-Hayek							
Date	March 6, 2008	,	Reg. No.	55,151				

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Effective on 12/08/2004.				Comp	olete if Known						
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/808,052-Conf. #4208						
FEE TRANSMITTAL				March 24, 2004							
For FY 2008					Richard S. Blumberg						
FUI F1 2000			Examiner Name A.		A. D. Kosar						
Applicant claims small entity status. See 37 CFR 1.27			, at one		654						
TOTAL AMOUNT OF PAYMENT (\$) 525.00			Attorney Docket No. Bo		30801.70353US01						
METHOD OF PAYMENT (check all that apply)											
X Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
	harge fee(s) indicated			rge fee(s) indi			filing fee				
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x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION											
	G, SEARCH, AND EX	(AMINATION EEES									
I. BASIC FILIN		ING FEES SE	ARCH FEES		ATION FEES	8					
Application Ty	/pe Fee (\$)	<u>Small Entity</u> Fee (\$) Fee (\$	Small Entit Fee (\$)	Y Fee (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)				
Utility	310	155 510	255	210	105						
Design	210	105 100	50	130	65						
Plant	210	105 310	155	160	80						
Reissue	310	155 510	255	620	310						
Provisional	210	105 0	0	0	0						
2. EXCESS CLA	AIM FEES					Sı	nall Entity				
Fee Description						<u>Fee (\$)</u>	Fee (\$)				
Each claim over 20 (including Reissues)						50	25				
-	Each independent claim over 3 (including Reissues) 210 105										
Multiple depend		- 40	D. 1.1.(A)			370	185				
Total Claims					Multiple Dependent Claims						
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Indep. Claims	Extra Claims	-	Paid (\$)	<del></del>							
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3. APPLICATIO		. 1100 1			•						
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4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing suzeharge): 2253 Extension for response within third month 525.00											
SUBMITTED BY	1										
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